

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-038984

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 042 Primary Registration District No. 1000 Registrar's No. 1295

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

• AMENDED

FILED NOV 13 1963

VS 300
Rev. 4/59

1 5117

2 0130

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4 10

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12 93-0

13 1-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS:

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF
M.B. Pettit, M.D. MEDICAL CERTIFICATION

| | | | |
|--|---|---|--|
| 1. PLACE OF DEATH a. COUNTY <u>Buchanan</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Caldwell</u> | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>St. Joseph,</u> | | Length of stay in 1b <u>21 days</u> | c. CITY OR TOWN <u>Hamilton,</u> |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>State Hospital #2</u> | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | d. STREET ADDRESS (If outside, give location) <u>Hamilton,</u> |
| 3. NAME OF DECEASED (Type or print) First <u>JOSEPH</u> Middle <u>WINSOR</u> Last <u>DOLMAN</u> | | | 4. DATE OF DEATH Month <u>November</u> Day <u>9,</u> Year <u>1963</u> |
| 5. SEX <u>Male</u> | 6. COLOR OR RACE <u>White</u> | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH <u>May 11, 1872</u> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Coffee Roaster</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Coffee Roasting</u> | 9. AGE (last birthday) <u>91</u> |
| 13a. FATHER'S NAME <u>John F. C. Dolman</u> | | 13b. MOTHER'S MAIDEN NAME <u>Mattie E. Green</u> | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u> | | 17. INFORMANT <u>State Hospital #2 Records, St. Joseph, Mo.</u> | |
| 18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Broncho-pneumonia</u> | | | INTERVAL BETWEEN ONSET AND DEATH <u>ca 2 days</u> |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ | | | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Fracture of right ankle</u> <u>dehydration; arteriosclerotic heart disease</u> | | | PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |
| 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) | |
| 20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year _____ | 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | |
| 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | | 20f. CITY, TOWN, OR LOCATION | COUNTY _____ STATE _____ |
| 21. I attended the deceased from <u>Oct 18, 1963</u> | | and last saw her alive on <u>Nov 7, 1963</u> | |
| Death occurred at _____ | | _____ on the date stated above, and to the best of my knowledge, from the causes stated. | |
| 22a. SIGNATURE (Degree or title) <u>M. B. Pettit M.D.</u> | | 22b. ADDRESS <u>State Hospital, St. Joseph, Mo.</u> | 22c. DATE SIGNED <u>11-9-1963</u> |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 23b. DATE <u>Nov. 9, 1963</u> | 23c. NAME OF CEMETERY OR CREMATORY <u>Bram Funeral Home</u> | 23d. LOCATION (City, town, or county) (State) <u>Hamilton, Missouri</u> |
| 24. FUNERAL DIRECTOR <u>Meierhoffer-Fleeman Inc., St. Joseph, Mo.</u> | | 25. DATE RECD. BY LOCAL REG. <u>Nov. 12, 1963</u> | 26. REGISTRAR'S SIGNATURE <u>Mrs. Clark Goodell</u> |

USE BLACK INK OR TYPEWRITER RIBBON

MISSOURI STATE BOARD OF EXAMINERS

NOV 27 1963

Permit issued 11-10-63

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Albert A. Harrington

Licensed Embalmer No. 3258

P. O. Address St. Joseph, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.